

Transient Merchant BUSINESS License Application

City of Adams
101 N. Main St., P.O. Box 1009
Adams, WI 53910
Phone: (608) 339-6516
FAX: (608) 339-8170

License Fee _____	Receipt # _____
Cash Bond _____	Date _____
Cash Bond Receipt # _____	
Date Bond Refunded _____	
FOR OFFICE USE ONLY	

Businesses where the owner and employee/representative are the same person may submit one application under the business rate. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee. Check the appropriate boxes below to denote time frame and fee. Businesses must apply no less than 30 days before planned selling activity. Employees/representatives must apply no less than 72 hours before planned selling activity.

___ 2-day @ \$50
 ___ 4-day @ \$100
 ___ 1 week @ \$150

___ 1 month @ \$175
 ___ 6-month @ \$250
 ___ 12-month @ \$500

Date of Application: _____

Date Licensing Period Begins _____

BUSINESS INFORMATION

Business Name _____ Ownership Type _____

Business Address _____

Wisconsin Seller's Permit# _____ Contact Person _____ Tel # _____

Local address and telephone number from which business will be conducted (Submit statement from property owner giving permission to conduct business.) _____

Owner/On-site Contact Name _____ Birth Date _____

Owner/On-site Contact Driver's License Number _____ State Issued _____

Nature of Business to be conducted and a brief description of goods offered, and any services offered _____

Proposed method of delivery of goods, if applicable _____

BOND

Dollar Value of Most Expensive Item Being Sold _____ Name of Item _____

Check Bond Type: ___ Cash ___ Surety Amount _____ Surety Policy Period _____

Price of Most Expensive Goods _____ Cash/Surety Bond Required _____

\$1 to \$99.99	\$N/A
\$100 to \$249.99	\$2,000
\$250 to \$499.99	\$5,000
\$500 to \$999.99	\$7,500
\$1,000 or More	\$10,000

Cash bonds are refundable after 60 days from the license expiration date, if the City Clerk has received no notice of complaints or received assurance from a complainant that the claim has been satisfied, whichever occurs last. Surety bonds will be kept on file until expiration date.

I, hereby appoint the City Clerk as my agent to accept service of process in any civil action brought against the applicant arising out of any act by said applicant in connection with the direct sales activities, in the event I cannot, after reasonable effort, be served.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public / My Commission Expires _____

Make/Year/Plate Number of Vehicle(s) To Be Used _____

Names of the last three (3) cities, villages, or towns where applicant conducted a similar activity just prior to making this registration:

1) _____ 2) _____ 3) _____

Place where applicant can be personally contacted for at least seven (7) days after leaving the City of Adams:

Address _____ Telephone _____

Criminal record related to transient merchant business: ___ Yes ___ No (If yes, give nature of offense and location)

APPLICANT'S STATEMENT

I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.

Date _____

Signature _____